Dear Program Director,

The goal of *Special Focus* is to inform you about items of particular interest to Emergency Medicine program directors. This issue includes information about:

- Changes to standards for the Qualifying and Oral Certification Examination
- Research on ITE score reports
- 2016 Online ITE pilot
- Why ITE scores are not immediately available
- Alignment of resident training policies
- Availability of the Training Information Survey
- EM Milestones validation
- Implementation of the Policy on Board Eligibility
- Important information for faculty whose certification expires in 2015 or 2020
- ABEM on social media

If you have questions about any of this information, please contact ABEM headquarters (click [here](#) for detailed contact information).

### New Examination Standards

#### Qualifying Examination

With the fall 2014 Qualifying Examination (QE), ABEM introduced a new format that integrates dynamic stimuli into the testing process. In addition, the examination now incorporates new specifications, grounded in the EM Model, and a detailed description of what a board certified emergency physician knows and is able to do (their knowledge, skills, and abilities, or KSAs).

The revised testing format and specifications warranted reconsideration of the existing passing criteria. A diverse panel of ABEM-certified, clinically active emergency physicians participated in a systematic process to evaluate each examination question by considering how a minimally qualified emergency physician would perform. Their analysis provided the ABEM Board of Directors with a recommended passing score.

After thoughtful deliberation, the Board approved a new passing score of 76 on a scale of 0 to 100. The QE continues to be criterion referenced; that is, ABEM will not use curves, quotas, or percentage passing for setting any passing score.

Table 1 (on page 2) provides the results of the 2013 QE using the old scoring standard and the 2014 QE using the new standard. As the table shows, the pass rate for the 2014 QE is similar to the 2013 QE pass rate for the reference group. (continued on page 2)
New Examination Standards (continued from page 1)

Table 1. Qualifying Examination Results under 2013 and 2014 Scoring Standards

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<th>2013 QE Passing Rate</th>
<th>2014 QE Passing Rate</th>
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<tr>
<td>Reference Group*</td>
<td>89%</td>
<td>89%</td>
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<tr>
<td>Overall</td>
<td>84%</td>
<td>82%</td>
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* The reference group consists of first-time test takers who are EM residency graduates

Oral Certification Examination

In 2008, ABEM launched a project to review the initial certification process to assure that the content and methods used to assess emergency physicians were relevant and effective. As a result of that review, ABEM developed a new format for the Oral Certification Examination that integrates dynamic stimuli, such as video clips of patients or procedures, moving ultrasounds and rhythm strips, and dynamic vital signs. This new format is being introduced at the spring 2015 examination. Three of the seven cases that comprise the examination are in the new format. The examination specifications have changed, incorporating the new EM Model and KSAs, which warrants reevaluation of the passing criteria. Following the spring administration of the exam, a panel of ABEM-certified, clinically active, emergency physicians will convene to evaluate each of the cases used and recommend a passing standard. Based on the panel recommendation, the Board will determine the final passing score.

Online ITE Pilot

In 2012, ABEM established the goal of transitioning the In-training Examination (ITE) from a paper-and-pencil to a computer-delivered format to better approximate the Qualifying Examination, which is delivered via computer in Pearson VUE (PV) testing centers. At that time, ABEM surveyed residency program directors about the advantages and disadvantages of computer delivery of the ITE in PV testing centers and via online delivery at residency programs. Based on cost factors and feedback from program directors, ABEM decided to move forward with administering the ITE in an online format at residency programs.

To test the feasibility of an online ITE, ABEM will pilot online delivery as part of the February 24, 2016, ITE administration. While that administration will remain primarily paper-and-pencil, up to one-half of participating programs can take part in the online pilot. Programs participating in the pilot will be provided a paper version of the examination as a backup should technical issues prevent residents from taking the exam. To test the feasibility of online delivery, ABEM will need a representative sampling of residency programs participating in the pilot, and the Board will begin asking for volunteer programs in late spring 2015.

Depending on the results of the 2016 pilot administration, the ITE could transition to exclusively online delivery as early as 2017. Once fully online, the ITE will be administered during a one- to three-day testing window via a secure web browser in a proctored setting at each participating residency program, much as it is now. If programs wish to continue administering the ITE on a single day, as they do now, they can continue to do so.

The amount of time between the examination and the receipt of results by programs is likely to be reduced minimally, at best. Given the importance of the ITE to residency programs, ABEM is committed to maintaining a high-quality examination administration with scoring practices that meet or exceed industry standards. (See the article on page 4, Why In-training Scores Are Not Immediately Available)
ITE Score Reports for EM1-4 Programs

ABEM has combined the performance of EM-3 and EM-4 residents when reporting results for the In-training Examination (ITE). This is based on historical patterns that fourth-year residents’ performance on the exam is comparable to that of third-year residents. However, given recent changes in residency training, Milestones data, and requests from Program Directors, a statistical evaluation was recently undertaken to reassess the assumptions behind the combined data.

In the current academic year, the number of residents in EM1-4 programs (1,575) accounts for about 28 percent of all EM residents. Statistical analyses compared fourth-year residents from four-year programs to third-year residents from three-year programs, as well as third-year residents from four-year programs to third-year residents from three-year programs. Table 2 presents mean scores on the ITE by program type and EMY; none of those differences are significant.

<table>
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<tr>
<td>1-3</td>
<td>71.8 (71.4-72.2)</td>
<td>77.5 (77.2-77.9)</td>
<td>79.7 (79.3-80.0)</td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td>69.7 (68.9-70.5)</td>
<td>75.3 (74.6-76.0)</td>
<td>78.4 (77.8-79.0)</td>
<td>80.0 (79.3-80.7)</td>
</tr>
<tr>
<td>Significance</td>
<td>P ≤ .07</td>
<td>P ≤ .17</td>
<td>P ≤ .59</td>
<td>P ≤ .40*</td>
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</table>

*Comparison between third-year residents in three-year programs with fourth-year residents in four-year programs

Based on the data, there is not a compelling reason to report fourth-year residents’ scores separately from third-year residents, or to report all residents in four-year programs separately. Moreover, the small size of the EM-4 cohort provides poorer reliability for the ITE predicting performance on the Qualifying Examination. The cost and resources required to reprogram scoring and reporting routines would be significant and result in increased ITE costs for all programs. In addition, a recent study of the EM Milestones shows that the Milestones might be a better index of discrimination within EM1-4 programs.

Training Information Survey Begins July 1, 2015

The ABEM 2015-2016 Annual Survey of New Residents for EM categorical programs, combined training programs, and EM-sponsored fellowships will be administered through the ABEM website July 1 – October 31, 2015. This survey allows ABEM to track new residents to help ensure that residency graduates are eligible for ABEM certification. The information you provide about residents is also key to an article focused on resident information, published in the Annals of Emergency Medicine each spring.

Program directors who are also ABEM diplomates can use their existing ABEM user IDs and passwords to access the online survey on the ABEM website. If you do not have your user ID and password, you can obtain them through the ABEM website by clicking the sign-in button, and then “Need User ID or Password?” link. For your convenience, you may request a user ID and password for your program coordinator if you would like her or him have access to the survey. To do so, please provide your coordinator’s full name and email address in writing to training@abem.org, or by faxing the request with your signature to 517.332.4853. We will provide the program coordinator with a personal ABEM user ID and password and he or she will be able to complete the survey on your behalf. If you have any questions, you can send an email to training@abem.org, or call 517.332.4800, ext. 388.
Why In-training Scores Are Not Immediately Available

The ABEM In-training Examination (ITE) is administered on the last Wednesday in February, and ABEM policy requires that results be mailed to programs within 90 days of the administration. The 2012-2014 results were sent in, on average, in 57.3 days; the 2015 results were mailed in 44 days. Nonetheless, a common query is why it takes that long to return the results.

The length of time it takes to release scores is due to ABEM’s quality-control and psychometric best-practices approach to testing. Even though the ITE is not a pass-fail examination, the same high psychometric standards are used to score it as are used for all ABEM examinations. One reason ABEM uses best practices in its testing processes is because of the importance of the results to test takers; in the case of the ITE, it is the importance of the score in predicting future performance on the Qualifying Examination (QE). If the scoring process was altered, the predictive accuracy of the exam would be reduced.

Analysis of examination results cannot begin until every examination book is returned from every program. Then,

- Score sheets are hand checked, scanned, and then manually checked again to ensure that there were no errors in scanning.
- The data then undergoes numerous statistical quality checks, including a visual inspection by members of the ABEM scoring staff.
- ABEM staff further reviews the results for potentially flawed items, which may ultimately be removed from the scoring of the examination.
- The staff informs the Chair of the Test Administration Committee (TAC) of any items that did not perform in a psychometrically acceptable way.
- The TAC Chair reviews the questionable items for statistical performance and resident comments (residents can provide written comments on any and every test question).
- The “scorable” and “non-scorable” items are discussed by the TAC Chair and ABEM staff.
- The final pool of scored items is determined, and the final score is produced.
- Because of recent variations in performance trends, ABEM now equates the ITE. The process is very detailed, but essentially it is an attempt to level the performance of all residents over the course of time. Equated scores are applied to the raw score and several checks of accuracy are completed.
- A composite report is prepared for approval by the ABEM Executive Committee. If the Executive Committee or scoring staff express any concerns, there could be additional work involved to reach consensus that the scores are ready for release. For example, if the results suggest potential cheating, a forensic data analysis might be needed; if an abrupt variance in performance is noted, an additional analysis might be required.
- Score reports are then generated and proofed for accuracy. Once final quality checks are performed, over 6,200 individual resident and over 200 individual program reports are printed.
- The reports are manually checked to ensure that the correct program receives the correct reports.
- Packets are then assembled for each program, and each is checked to confirm each program receives the correct information.
- The reports are then sent to the programs by Federal Express.

Iterative quality control and data analyses ensure fair, valid, and reliable examinations, in which residents and program directors can have confidence.
Milestones Validation Study

The Emergency Medicine (EM) Milestones were developed through a joint initiative of the Accreditation Council for Graduate Medical Education (ACGME) and ABEM. Representatives of all of the major EM organizations, including CORD, participated in their development.* Since the finalized Milestones were published, ABEM and the ACGME have continued research on them, including multiple validation studies.

The first validation study, published in *Academic Emergency Medicine* in 2013, sought to assure that the milestones reflected EM resident progress throughout training by validating the individual Milestones. [1] The Milestones were validated through an assignment process using a computer-based survey completed by Program Directors and key faculty, with respondents asked to assign each milestone to a specific level of skill or knowledge acquisition (from a beginning resident to an accomplished clinician). Based on the survey results, the EM Milestones Working Group adjusted about 40 percent of the Milestones.  The final result was 227 discrete Milestones among 23 subcompetencies. The EM Milestones Working Group revised the Milestones in accordance with the results to better align assignment within each performance level.

The most recent study, forthcoming in *Academic Emergency Medicine*, sought to demonstrate the validity and reliability of the Milestones as an assessment instrument for competency acquisition.[2] The authors found that the EM Milestones demonstrated validity and reliability as an assessment instrument for competency acquisition. EM residents can therefore be assured that this evaluation process has demonstrated validity and reliability; faculty can be confident that the Milestones are psychometrically sound; and stakeholders can know that the Milestones are a nationally standardized, objective measure of specialty-specific competency acquisition.

Most recently ABEM and the ACGME have performed a collaborative analysis of the EM Milestones and the ABEM In-training Examination; the manuscript has been submitted for publication.


References

Alignment of Training Policies

At its winter 2015 meeting, the ABEM BOD made changes to several policies related to resident training to bring them into alignment with one another. The allowable gap in training for residents transferring from an EM program to another EM program (36 months) was different from the allowable gap when transferring from a non-EM program to an EM program (48 months). The greater value had been inadvertently assigned to non-EM training. Now all the defined allowable gaps in training are a uniform 36 months. The affected policies are the Policy on Credit for Training in Other Specialties, the Policy on Resident Transfer, and the Policy on EM Resident Training Requirements. If you have any questions, please contact ABEM at training@abem.org, or 517.332.4800, ext. 388.

Board Eligibility

Please remind your residents that January 1, 2015, marks the date that ABEM began recognizing the term “board eligible.” This means that residents will be considered board eligible on the date that they graduate from an ACGME-accredited EM program. They will remain board eligible for five years after that date whether or not they have applied for certification.

Physicians will not have any additional eligibility requirements under the policy if they apply for certification in the first cycle available to them, take and pass the first QE available, and take and pass the first Oral Certification Examination available. If there is a delay in any of these three activities, physicians will have additional requirements (LLSA tests and CME) until they become ABEM certified. ABEM encourages physicians to apply for certification during the first application period available to them so that ABEM can provide them with information about certification and their status under the board eligibility policy. Physicians who do not apply for certification during the first application period available to them have requirements under the Policy on Board Eligibility. They are therefore strongly encouraged to contact ABEM for information about their board eligibility status and the requirements they will need to complete in order to remain board eligible. A wealth of information about board eligibility is available on the board eligibility section of the ABEM website. Go to www.abem.org, and on the left navigation, click on “EM Initial Certification” and “ABEM Board Eligibility.” Questions can be answered via email (BoardElig@abem.org) or phone (517.332.4800, ext. 384).
**Does Your Certification Expire in 2015?**

If your certification expires in 2015, you must have completed all of your MOC requirements by December 31, 2015. Remember, you can pass the ConCert™ examination, but still not have your certification renewed. This can occur if you have any outstanding LLSA tests, CME credits, or APP requirements. All of your MOC requirements must be completed by December 31, 2015, to renew your certification. If you have any questions, you can send an email to moc@abem.org, or call 517.332.4800, ext. 383.

**Does Your Certification Expire in 2020?**

If your certification expires in 2020, you have MOC requirements due by December 31, 2015. By that date, you must have:

- Passed 4 LLSA tests
- Completed and attested to 1 practice improvement activity
- Completed and attested to 1 communications / professionalism activity
- Earned and reported an average of 25 AMA PRA Category 1 Credits™ per year between 2012 and 2015 (100 hours total for these four years)

If you do not complete your unmet MOC requirements by this date, you will not lose your ABEM certification; however, ABEM is required to designate and publicly report that you are “not meeting MOC requirements.”

To find out if you have any uncompleted requirements, go to www.abem.org, and sign in using your User ID and password. Click on the “ABEM MOC Online” button, and then the orange “View Your ABEM MOC Requirements and Status” button.
**ABEM on Facebook!**

ABEM now has its own Facebook page. The page is intended to share recent news and important information with diplomates, residents, EM programs, and the public. Do not be concerned if you are not on Facebook; we will continue to send ABEM updates via email, U.S. mail, and the ABEM website. Facebook is just one more way for us to share information with you. We welcome the ABEM community to view our page and provide feedback, comments, and suggestions.

![ABEM on Facebook](image1)

**ABEM on LinkedIn**

ABEM is also on LinkedIn, a professional networking site. Our company page “American Board of Emergency Medicine” includes information about our organization, our mission, and a link to our website. Follow our company page at [https://www.linkedin.com/company/abem](https://www.linkedin.com/company/abem).

![ABEM on LinkedIn](image2)
Contact Us

Office hours are 8:30 a.m. to 4:30 p.m. (ET), Monday through Friday

517.332.4800  (phone)
517.332.2234  (fax)

www.abem.org
abem@abem.org

For specific information, use the following phone extensions or email addresses:

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Business Activities or General Questions main number abem@abem.org

* Dial the main number (517.332.4800), and enter the extension number.